

Tourette's syndrome treatment

Medical therapy has focused on blocking dopamine receptors, central adrenergic receptors, or on catecholamine depleting agents.¹⁾ Surgical targets for Tourette's syndrome have included the frontal lobes, the cingulate gyrus, the anterior limb of the internal capsule (ALIC), the limbic system, and the subthalamic *zona incerta*.²⁾ Current targets of interest for DBS include: GPi, STN, ALIC, and thalamus. Early results have been promising.³⁾.

Deep brain stimulation (DBS) in patients with severe, refractory Tourette syndrome (TS) has demonstrated promising but variable results thus far. The thalamus and anteromedial globus pallidus internus (amGPi) have been the most commonly stimulated sites within the cortico-striato thalamic circuit, but an optimal target is yet to be elucidated.

see [Globus Pallidus Internus Deep Brain Stimulation for Tourette's syndrome](#).

1)

Leckman JF. Tourette's syndrome. Lancet. 2002; 360:1577-1586

2)

Temel Y, Visser-Vandewalle V. Surgery in Tourette syndrome. Mov Disord. 2004; 19:3-14

3)

Martinez-Fernandez R, Zrinzo L, Aviles-Olmos I, et al. Deep brain stimulation for Gilles de la Tourette syndrome: a case series targeting subregions of the globus pallidus internus. Mov Disord. 2011; 26:1922-1930

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